



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>47 Silver Bow</b>			District: <b>0842 Ramsay Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
3	1810	No	Heikkinen, Donna	2.18	_____
3	1811	No	Wagner, David	0.75	_____
3	1812	No	Earles, Misty	0.75	_____
3	1813	No	Garrett, Brian & Kristin	1.03	_____
3	1814	No	Helfrich, Jay	1.00	_____
3	1815	No	Hamner, Kari	0.38	_____



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Date			Signature, Chair, Board of Trustees		
County: <b>47 Silver Bow</b>			District: <b>0843 Divide Elem</b>		District Level: <b>Elementary</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
4	1816	No	Austin, James K	0.25	_____
4	1817	No	Morris, Diana L	6.75	_____